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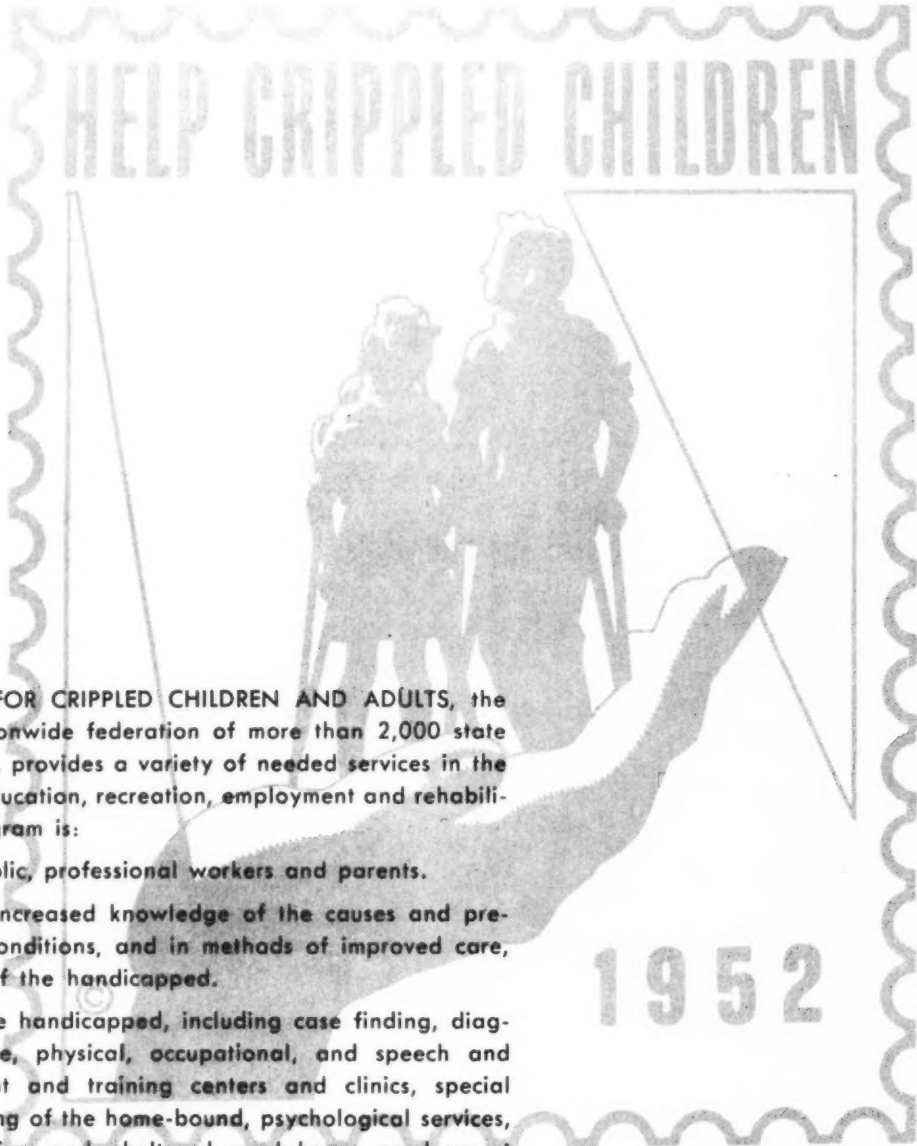
Bulletin *on Current* *Literature*

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**The monthly bibliography for
workers with the handicapped**

The NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY

HELP CRIPPLED CHILDREN



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952

ADOLESCENCE

438. Levi, Joseph

Emotional problems of physically handicapped adolescents--a study of ten adolescent boys, by Joseph Levi and Barbara Michelson. Exceptional Children. Apr., 1952. 18:7:200-206.

"This paper is one in a series of papers to be published by a research team who are engaged in a study of psychiatric factors of rehabilitation. This study is financed by the Commonwealth Fund under the auspices of the Department of Psychiatry and the Department of Physical Medicine and Rehabilitation of New York University-Bellevue Medical Center." A group of ten boys, ranging in age from 15 to 20, constituted the group studied. Evaluation was made through the use of various psychological tests and group discussions. Conclusions of the study were that personality is the most important factor in the rehabilitation process of physically handicapped adolescents and that individual guidance, in addition to group discussions, would be beneficial to most cases.

AMPUTATION

439. Comer, John Fletcher

The juvenile amputee. J. Med. Assn. State of Alabama. Oct., 1951. 21:4:81-86. Reprint.

Problems in treating the juvenile amputee are many and yet have been neglected by medical literature. The author points to problems related to growth of the opposite extremity, requiring frequent lengthening of the prosthesis and urges early use of prosthesis in lower extremity amputations to correct asymmetry of growth of the trunk. Special initial surgery or, frequently, further surgery is required. Foot strain of the opposite extremity and obesity are to be avoided. Parental understanding of proper stump hygiene is necessary. With guidance and understanding in educational and vocational matters on the local level, with psychiatric and psychologic help, when needed, the juvenile amputee can become an independent, useful citizen.

AMPUTATION--EMPLOYMENT

440. Cauty, Thomas J.

Employment of the amputee. Performance, President's Committee on Employ the Handicapped Week. Nov., 1951. 2:4:1-2, 6, 7. Reprint.

Report of a survey conducted at the Amputation Center, U. S. Naval Hospital, Oakland, California, on amputee patients who have been discharged from treatment for over a year in order to determine the effectiveness of the artificial limb furnished each individual and his success in securing and satisfactorily filling his job. Occupational groups in which amputees were employed are tabulated as well as types of work performed.

AMPUTATION--EQUIPMENT--RESEARCH

441. Murphy, Eugene F.

Research and development in upper extremity prosthetics. Orthopedic & Prosthetic Appliance J. Mar., 1952. 6:1:39-47.

Special problems of the upper extremity amputee in finding a satisfactory prosthesis have led to further research in fundamental studies, design and development, selection of materials, fitting and harnessing, prescription training for the individual amputee, and education of all concerned with providing the best possible prosthesis for this type of amputation. The author reviews the progress made since 1945 and emphasizes fundamental principles calling for more intensive research. The author is assistant director for research, Prosthetic and Sensory Aids Service of the Veterans Administration.

AMPUTATION--OCCUPATIONAL THERAPY

442. Stattel, Florence M.

Training of the arm amputee. Canadian J. Occupational Therapy. Mar., 1952. 19:1:13-16.

Basic steps that form the foundation for successful training of the arm amputee in the use of a prosthesis are outlined by the writer who is a member of the staff at Kessler Institute for Rehabilitation. Of prime importance is psychological preparation for accepting the loss; often additional surgery is indicated. Vital to good fitting of an artificial limb is the after-care of the stump. The role of the occupational therapist in such a program is described.

ART

443. Friedman, Irwin

Art therapy, an aid to reintegrative processes. Am. J. Occupational Therapy. March-April, 1952. 6:2:64-65, 89.

The writer, from personal research and observation over a period of years, feels that art therapy offers the patient an opportunity to link conscious and unconscious processes in a form which makes it possible for the physician to study and consider the results whenever expedient. His work has been with patients in hospitals for the mentally ill, and, in this article, he has attempted to clarify some of the questions and speculations concerning the value of art therapy in reintegrating processes.

See also 531.

ARTHRITIS

See 478.

ASPHYXIA

444. Usdin, Gene L.

Effect of apnea neonatorum on intellectual development, by Gene L. Usdin and Marvin L. Weil. Pediatrics. Apr., 1952. 9:4:387-394.

"The intelligence of a group of 41 children who had been apneic for three or more minutes at birth was compared with that of a control group of 43 children who had breathed spontaneously at birth. The children were 13 and 14 years old at the time of the study. All the children had been born in the Cincinnati General Hospital in 1937 and therefore should derive from an essentially similar socio-economic strata. Insofar as seemed possible, all cases with factors that might in themselves have impaired the child's motor or intellectual development were excluded. Individual intelligence tests were administered. A statistical analysis of the results of these tests revealed no significant difference between the intelligence of the apneic and control group."--Summary.

BIBLIOTHERAPY

445. McFarland, John H.

A method of bibliotherapy. Am. J. Occupational Therapy. March-April, 1952. 6:2:66-73, 95.

Occupational therapists often have charge of the library service in hospitals; this article describes a method of bibliotherapy based on structural psychology. Structural psychology which has proved very successful in business promotion, advertising, and selling, is explained as it is applied to bibliotherapy.

BLIND

See 484; 529.

BLIND--BIOGRAPHY

446. Roblin, Jean

The reading fingers; life of Louis Braille, 1809-1852. Translated from the French by Ruth G. Mandalian. New Outlook for the Blind. Mar., 1952. 6:3:61-94. Reprint.

This biography of Louis Braille, condensed from the well documented original, omits the footnotes and documentary notes of the complete version.

Reprint, in pamphlet form, available from the American Foundation for the Blind, 15 West 16th St., New York 11, N.Y., at 40¢ a copy.

BLIND--MENTAL HYGIENE

447. Chevigny, Hector

Clarifying the concept of adjustment. New Outlook for the Blind. Apr., 1952. 46:4:107-111.

Misconceptions about the meaning of the term "adjustment" lead to confusion about the individual reactions of the blind, the author feels. Moral evaluations of the behavior of the handicapped color the estimate of success or failure at adjustment. "...The attempt on the part of the individual is to preserve his life at the lowest cost to his physical economy and his pride.... what may appear contradictory on the surface, in the form of outward behavior, must be appraised in the light of the individual's sum total of constitutional endowment and all his background."

BLIND--PERSONNEL

448. Young, Marjorie A. C.

Certification of teachers of partially seeing children. Exceptional Children. Apr., 1952. 18:7:207-215.

Data on certification of teachers of partially seeing children as obtained from various states is tabulated and analyzed. Qualifications of educational standards and personal characteristics for such teachers are considered; from the tabulated data, colleges and universities can plan more adequate preparation of teachers.

BLIND--PREVENTION

449. Jeancon, Etta C.

Prevention of eye accidents to children. Sight-Saving Rev. Spring, 1952. 22:1:18-21.

"Describes the experience of a Los Angeles hospital with children's accidents and the child safety education program which was inaugurated to reduce the frequency of such accidents."

450. Kerby, C. Edith

Causes and prevention of blindness in children of school age. Sight-Saving Rev. Spring, 1952. 22:1:22-31.

"Information presented in this paper is based on a study of the findings of the eye examinations of 4,248 braille pupils enrolled in 45 residential schools and 15 city school systems in 39 states, the District of Columbia and the Territory of Hawaii in the school year 1949-1950, with some pertinent comparative figures for back years....A series of statistical studies of diagnostic records of children in schools and classes for the blind in the United States provide basic information on the causes of blindness in this age group...." Findings emphasize the need for research into factors responsible for maldevelopment in the eyes, improved services for visually handicapped children, state agencies to accept the over-all responsibility of ensuring services to meet the needs of these children, and cooperative programs in the community for provision of services and prevention of blindness.

BLIND--PSYCHOLOGICAL TESTS

451. Worchel, Philip

The effect of practice on the perception of obstacles by the blind, by Philip Worchel and Jack Mauney. J. Experimental Psychology. Mar., 1951. 41:3:170-176. Reprint.

BLIND--PSYCHOLOGICAL TESTS (continued)

"In order to determine the effect of training in the perception of obstacles, seven totally blind (students at the Texas State School for the Blind), who had failed previously in an obstacle test course, were given 210 training trials under conditions favorable for learning....Under the conditions of our obstacle course, systematic training in the perception of obstacles resulted in the development of this ability to an extent equal to that possessed by experienced (students). A systematic course in perceptual recognition and detection of objects for the blind may be of considerable aid and shorten the period of trial-and-error procedure usually adopted by the blind."--Summary and Conclusions.

BLIND--RECREATION

452. Taylor, Wiley W.

Those who can't see need physical education most. J. Am. Assn. Health, Physical Education, Recreation. May, 1952. 23:5:20-21.

Special objectives and basic needs of a program for physical education in schools for the blind are outlined. Certain precautions must be observed by those administering programs of education for the visually handicapped. Program activities are suggested and the need for additional research in types of activities and methods of teaching stressed.

BLIND--SPECIAL EDUCATION

453. Gee, Effie

The partially seeing child in the regular classroom. Sight-Saving Rev. Spring, 1952. 22:1:32-35.

"Describes practical experiences in integrating partially seeing students into the regular classroom program." How two partially seeing children in a fifth grade class were made to feel a vital part of the regular class through lesson planning and receiving assignments, although they used the sight-saving room to do most of their reading and writing and much of the art work.

454. National Society for the Prevention of Blindness. Committee on Education of Partially Seeing Children.

Education of partially seeing children. Sight-Saving Rev. Spring, 1952. 22:1:2-6.

"The Committee on Education of Partially Seeing Children is one of the standing advisory committees of the National Society for the Prevention of Blindness. On October 5, 1951, the members of this committee met in New York City to review over-all policies and programs in this field of special education and to make recommendations to the National Society regarding future plans and action. This is the official report of the committee meeting." The four distinct patterns of education for partially seeing children in the United States are evaluated in regard to present-day educational philosophy, psychology, and method, and to principles of child growth, development and guidance.

BOY SCOUTS

455. Miller, Robert L.

Scouting opens doors. Scouting. May, 1952. 40:5:2-3.

A personal account of what Scouting meant to a handicapped person when an adolescent, who now as an adult has maintained his interest in Scouting activities.

BRACES

See 530.

BURNS

456. Brown, James Barrett
Rehabilitation of patients with deep burns. J. Am. Med. Assn. Apr. 19, 1952. 148:16:1405-1407.

"Patients with large full thickness loss of skin from burns require skin grafting for healing, function, and rehabilitation. This group presents a major part of the burn problem, and a summary of their needs and their care is outlined here...." The article discusses healing of burns, primary care, early grafting and preparation for grafting, infection and contamination, repair of contractures, rehabilitation, and military plastic surgery.

CAMP FIRE GIRLS

457. Leopold, Berta Howell
The handicapped girl and the group. Camp Fire Girl. May, 1952. 31:9:11.
If the handicapped girl is able to participate in more than half of the group activity, here are some convincing reasons for including her in the membership of your Camp Fire group. Leaders of groups who feel the need for more training in working with the handicapped child are advised to contact someone at the local or State Society for Crippled Children and Adults.

CEREBRAL PALSY

458. Holden, Raymond H.
Who, what, when, where, why, and how, by Raymond H. Holden and Eric Denhoff. Cerebral Palsy Rev. Apr., 1952. 13:4:3-4, 9-10, 12.
Answers to the questions, "Who, what, when, where, and why?" of cerebral palsy explain the pediatrician's role in cerebral palsy.

See also 501.

CEREBRAL PALSY--DIAGNOSIS

459. Perlstein, Meyer A.
Nature and recognition of cerebral palsy in infancy, by Meyer A. Perlstein and Harry E. Barnett. J. Am. Med. Assn. Apr. 19, 1952. 148:16:1389-1397.
"The diagnosis of cerebral palsy is seldom made in early infancy, despite the fact that in approximately 90% of affected children the condition is congenital. The purpose of this paper is to discuss the nature of cerebral palsy in infancy, with special emphasis on early diagnosis. Much of the information presented is general knowledge, although some observations are reported directly from our personal experiences....The diagnosis of cerebral palsy can be made in most cases before the age of 6 months and in almost all cases by the age of 1 year....(it) is important for initiating appropriate therapy in infancy and for providing an earlier, more reliable developmental prognosis....(it) can be made more readily if the physician is aware of the following factors: (a) relationship between etiological factors and types of cerebral palsy; (b) developmental rates and patterns in normal and abnormal children; (c) frequency of occurrence of associated defects and specific symptoms; (d) specific tests designed to elicit abnormal muscle properties and motor functions, and (e) the differential diagnosis between mental retardation and cerebral palsy."

CEREBRAL PALSY--ETIOLOGY

460. Hicks, Samuel P.
Some effects of ionizing radiation and metabolic inhibition on the developing mammalian nervous system. J. Pediatrics. Apr., 1952. 40:4:489-513.
Symposium on cerebral palsy. Part II.
"The developing nervous system in vivo, specifically its neuroblasts, has been found to be unusually susceptible to acute metabolic injury by ionizing radiation, certain sulphydral reagents, other inhibitors and antimetabolites. It has been found relatively insensitive to acute interference with glucose

CEREBRAL PALSY--ETIOLOGY (continued)

and oxygen metabolism except late in development....Injuries in the latter two-thirds of gestation cause the development of progressive malformations of the nervous system during growth that carry over into adult life....These experiments, which were carried out on experimental animals, chiefly rats and mice, invite attention to the possibility that a variety of agents may act during nervous system development to produce malformation."--Summary.
"...It is the purpose of this presentation to outline the results obtained thus far and to draw some preliminary inference that may lead to a better understanding of human cerebral palsy...."

461. Landau, William M.

Hereditary spastic paraplegia and hereditary ataxia, by William M. Landau and Joseph J. Gitt. Archives Neurology and Psychiatry. Sept., 1951. 66:3: 346-354.

"A dominantly inherited degenerative disease of the central nervous system was studied in seven generations of a family having 283 members. The variety of findings among the 21 clinically affected members is pointed out. The pyramidal system was involved most prominently, but cerebellar, lower motor neuron, and extrapyramidal lesions were admixed, in multiple combinations. The presence among other members of the family of subclinical manifestations and the presence of apparently unrelated disease of the nervous system are noted.

"It is believed that a single dominant gene in association with modifiers is largely responsible for the various phenotypic patterns. The predominant incidence of the disease among males indicates partial sex-linkage in either the main gene or the modifiers.

"The clinical and genetic features of this family are discussed, and it is pointed out that it is biologically unsound to ascribe all variable clinical findings to genetic factors alone."--Summary.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

462. Nel, B. F.

Particular psychological implications in assessing the mental ability of the cerebral palsy child. S. African Med. J. Nov. 10, 1951. 25:10:818-822. Reprint.

To demonstrate the difficulty in assessing the intellectual level of the cerebral palsied child, the author cites a case and analyzes reactions to tests administered. Upon the results of such tests the educability of the child is evaluated; but, especially with the cerebral palsied child, the whole personality make-up should be taken into consideration as emotions and type of temperament often influence reactions and performance during tests.

CEREBRAL PALSY--SOCIAL SERVICE

463. Severns, Emma

Social-emotional factors in cerebral palsy. Crippled Child. Apr., 1952. 29:6:8-9, 29-30.

The medical social worker can work with parents to solve their problems arising from the care of the cerebral palsied child, exploring their feelings toward the handicap, the child, the diagnosis and its implications to them. She acts as an interpreter of the parents' attitudes when the child is first seen by the diagnostic clinic team. Six different types of problems which seem to be characteristic of cerebral palsy are being studied in the Psychosomatic clinic in Buffalo. The author is director of Medical Social Service, Children's Hospital, Buffalo, New York.

CEREBRAL PALSY--SPEECH CORRECTION

464. Evans, Marsee Fred

Efficiency is the goal in cerebral palsied speech. Crippled Child. Apr., 1952. 29:6:19-21, 30.

CEREBRAL PALSY--SPEECH CORRECTION (continued)

Most important of the goals for speech habilitation with cerebral palsied children is efficiency, the greatest degree possible where there has been permanent and irreparable damage to the neuro-muscular system. The author, director of the speech clinic at Birmingham-Southern College, Birmingham, Alabama, describes some of the techniques used in achieving efficient speech with the cerebral palsied child.

465. Palmer, Martin F.

Speech therapy in cerebral palsy. J. Pediatrics. Apr., 1952. 40:4:514-524. Symposium on cerebral palsy, Part II.

A description of 100 consecutive cases of cerebral palsy with speech disorders shows rather clearly the task of the speech therapist in the cerebral palsy clinic. Nearly all the cases in this study were classified medically by Dr. Winthrop M. Phelps; language analyses were made by the author. Patients ranged in age from 2 to 45 years, with an average of 8.7 years. Language disorders are tabulated as to type, as are breathing anomalies, anomalies of laryngeal, tongue, mandibular, and facial functions, anomalies of the teeth and hard palate and neck region. Tables showing deviations from normal patterns of chewing, sucking and swallowing reflexes, anomalies of the eyes (except acuity), and gross hearing loss as seen in the 100 cases are included. "...A rehabilitative program of the proper sort must not only be fitted to the organic underlay of the condition, but to the child's whole social, economic, and ethical milieu...." Seen through this approach, counseling parents becomes as important to the program as actual therapy.

466. Westlake, Harold

A system for developing speech with cerebral palsied children. Chicago, National Society for Crippled Children and Adults (1952). 16 p. illus.

This pamphlet is reprinted from four articles by Dr. Harold Westlake which appeared in recent issues of the Crippled Child and is available from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill., at 25¢ a copy.

CHILDREN (DEPENDENT)

467. Feast, Howard F.

Foster homes--a substitute for dormitory care. Crippled Child. Apr., 1952. 29:6:6-7, 30.

The Oregon Society for Crippled Children and Adults provides a plan for foster home care of out-of-town patients at its Children's Hospital School, Eugene, Ore. Through cooperation with the Oregon State Welfare Commission, a full-time social worker who certifies foster homes places the children. The plan has worked so advantageously that the Medical Board of the Hospital has recommended it be continued rather than provide dormitory care for these children. The only disadvantage cited is that a day school using volunteer help is not in a position to care for the most severely handicapped cerebral palsied children nor are parents in a foster home able to assume the responsibility of children who need the help of trained nurse.

CHILDREN (DEPENDENT)--LOUISIANA

468. Yost, Charles O.

Who are the children in foster care? Louisiana Welfare. Jan., 1952. 12:1:14-16, 23.

An analytical survey of the 1,440 children in foster care supervised by the Louisiana Department of Public Welfare. Among the 209 requiring remedial care were 121 children with physical handicaps; about 58% of the total number of children were considered of average intelligence, 346 were slow average, 125 low grade, 33 were feeble-minded, and 36 were superior. "This is a

CHILDREN (DEPENDENT)--LOUISIANA (continued)

companion article to another article in this issue, 'Who are Our Parents?' With these two reports you can get a picture of why children must be placed in foster homes and how these homes are found."

CLEFT PALATE

469. Illinois. Northwestern University, Evanston

The cleft palate problem, by J. N. Macomb, Jr. (and others). Evanston, The University, 1952. 12 p. (Reviewing Stand, Jan. 13, 1952, 17:20).

Some of the problems of the cleft palate patient are discussed on this round table radio discussion--facial deformities, speech problems, cause of cleft palate, parent and child attitudes, social aspects, surgical approach, occupational problems, dental appliances, and the complexity of the problem which requires a "team" approach.

Participants in the discussion were: J. N. Macomb, Public Relations Dept., Inland Steel Co.; Dr. Frederick W. Merrifield, Professor of Oral Surgery, Northwestern Univ. and Director of Plastic Surgery, Children's Memorial Hospital; Dr. John R. Thompson, Professor of Orthodontics and Director of the Cleft Palate Institute, Northwestern Univ.; Harold Westlake, Professor of Speech Correction and Director of the Speech and Hearing Clinic, Northwestern Univ.; Moderator--James H. McBurney, Dean of the School of Speech, Northwestern University.

Available from The Reviewing Stand, Northwestern University, Evanston, Ill., at 10¢ a copy.

COLOR

470. Birren, Faber

The emotional significance of color preference. Am. J. Occupational Therapy. March-April, 1952. 6:2:61-63, 79, 88.

The author of this article has been active in the field of color for many years and has done extensive work in the application of color to hospitals, industrial plants, and schools to promote efficiency, welfare and safety. This discussion, while largely empirical in scope, is original and is the result of personal observation, numerous contacts with psychiatrists, and inquiry among hundreds of people in all walks of life. He explains the relationship between color preference and personality.

CONVALESCENCE

471. Falkner, Frank

The convalescent child. Lancet. Mar. 29, 1952. 262:6709:657-659.

Based on work conducted while on a research scholarship at the University of Liverpool, this paper will be published in monograph form by the University Press of the school. The writer, who is research medical officer for the Institute of Child Health, University of London, cites six essential needs of convalescent children--rest, increased but graded activity, diet, formal education, play and occupational therapy, and a secure, happy environment. Discussed briefly are the part played by economic and psychological aspects of convalescence, the most suitable place for treatment, education, and climate. Suggestions for future convalescent care, improving services and providing suitable homes, as well as necessary research in the field, are made.

DEAF--AUDIOMETRIC TESTS

472. Landis, James E.

Management of hearing testing programs in public schools. Rochester, Minn., Am. Academy of Ophthalmology and Otolaryngology, 1951. 6 p. (1951 Instruction Section, Course no. 448).

DEAF--AUDIOMETRIC TESTS (continued)

A description of the state program inaugurated in Pennsylvania for the testing and disposition of deafened school children. The program now in operation works through nurses or technicians using pure-tone audiometers to screen school classes; children with hearing defects are then handled either through clinics or private instruction. The audiological clinic and its staff is described, with equipment needed for caring for these children. Advice on the fitting of a hearing aid is given. The speech and hearing therapist, the teacher and parents all play a vital part in the rehabilitation of the deafened child. Tangible gains in happier social relationships, more gainful employment, improved economic status, and satisfactory psychological adjustment have been achieved through the program.

DEAF--LIP READING

See 531.

DEAF--SPECIAL EDUCATION

473. Ewing, A. W. G.

Training of deaf children. Lancet. Mar. 22, 1952. 262:6708:611-612.

The writer of this letter to the editor of Lancet is a member of the Department of Education of the Deaf, Manchester, England, and gives a brief summary of an extensive investigation, conducted by the Department since 1942, on tests for hearing and educational guidance for children totally deaf or with severe hearing loss. In their studies they conclude that while early training in lip reading makes for better adjustment of the child, special training is necessary by qualified teachers of the deaf if an intelligible standard of speech is to be possible for profoundly deaf children.

474. Lore, James I., Jr.

The student with a hearing problem. Delaware School J. Mar., 1952. 17:3:9, 20-21. Reprint.

For the classroom teacher whose first responsibility is the detection of students with hearing difficulties, symptoms of hearing problems are discussed briefly. Hearing evaluation is done through audiometric tests; referrals are made to the State Board of Health for the student to receive otological and further audiological tests. With findings from tests, the teachers can cope with special needs and problems of the child with hearing defects. This article is a resume of Delaware's program for this group of handicapped children.

DEAF--SPEECH CORRECTION

475. Whitehurst, Mary Wood

Auditory training for the deaf, by Mary Wood Whitehurst and Edna K. Monsees. Washington, D. C., The Volta Bureau, c1952. 99 p.

"The purpose of this book is to provide a method and basic lesson material for auditory training of the deaf...." Designed primarily for the teacher, it does include, however, instructions for making the lessons usable for home study and practice by the pupil with the aid of an assistant. Those deafened in adulthood after the acquisition of speech will find the material too simple since it was planned for those who were deafened before the acquisition of normal speech or those with a severe hearing loss of long duration. More advanced lessons are contained in "Train Your Hearing" by Mary Wood Whitehurst. Material consists of a series of 38 lessons progressing from speech sounds relatively easy to hear and distinguish to those which are difficult. Five orientation lessons are planned to initiate critical listening habits.

Available from the Volta Bureau, 1537 35th St., N.W., Washington 7, D. C. at \$3.00 a copy.

DENTAL SERVICES

476. Dental care for cerebral palsied children. J. Am. Dental Assn. Nov., 1951. 43:5:600-601. Reprint.

An editorial explaining briefly the need of the cerebral palsied child for dental care and the problems the dentist will meet in caring for such patients. The use of a new drug, Mephenesin, in elixir form is recommended by Dr. Manuel M. Album of the Philadelphia Society for Crippled Children; further study, however, is necessary to substantiate his observations.

EPILEPSY--PROGRAMS

477. Barrett, J. E.

An evaluation of the epilepsy program in Virginia, by J. E. Barrett (and others). Virginia Med. Monthly. Nov., 1951. 78:11:598-601. Reprint.

Gives a review of the state institutional facilities for those severe epileptics whose illness is such that it requires intramural care. Extra-mural care provided by clinics and an analysis of the problems encountered in care of epileptics are briefly discussed.

HAND

478. Rose, Donald L.

Rehabilitation of hand function in rheumatoid arthritis, by Donald L. Rose and H. Worley Kendell. J. Am. Med. Assn. Apr. 19, 1952. 148:16:1408-1413.

"A hypothesis is advanced to explain the mechanical basis for the hand deformity of ulnar deviation of the fingers at the metacarpophalangeal joints, flexion at the metacarpophalangeal joints, hyperextension of the proximal interphalangeal joints, and flexion of the distal interphalangeal joints seen late in rheumatoid arthritis. Physical medicine rehabilitation measures are described that can readily be incorporated into the home activities of the average patient. The use of a simple assistive device is described whereby hand function in a more nearly normal position is possible. The concurrent employment of pain-relieving, reaction-blocking, and nutrition-supplementing mechanisms as necessary parts of the treatment program is emphasized."--Summary.

HANDICAPPED--BIOGRAPHY

See 532.

HANDICAPPED--PROGRAMS

479. U. S. Children's Bureau

Services for crippled children. (Washington) The Bureau, 1952. 27 p. (C. B. Folder no. 38, 1952)

Describes how the Federal government, working with State crippled children's agencies, plans for and provides medical service and skilled personnel for those children in need of care. Tabulated are Federal grants to states for the fiscal year 1951 and a list of state agencies administering services for crippled children.

Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at 15¢ a copy.

HANDICAPPED--PROGRAMS--KENTUCKY

480. Covington cooperates to serve its crippled. Crippled Child. Apr., 1952. 29:6:12-13, 30.

How crippled children's services originated in Kentucky and how one community cooperated to provide a special "opportunity" school for children who would not otherwise receive the special instruction which their handicaps demand. This is the story of Kenton-Boone Opportunity School at Covington, Ky.

HANDICRAFTS

481. Vivian, M., Sister

For children in the general hospital, a low-cost craft program. Hospital Progress. Apr., 1952. 33:4:42-43.

HANDICRAFTS (continued)

"...The purpose of this article is to stimulate in nurses the habit of saving in scrap book form, craft ideas, bought, borrowed, or self-originated, that utilize waste materials or objects found around the house and hospital that are ordinarily thrown away...." Sources for such a collection of ideas are mentioned and a program described, as it was carried out at St. Mary's Hospital in St. Louis.

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES--PROCEEDINGS--1951

482. Wilson, Donald V.

Special report; the Fifth World Congress of the International Society for the Welfare of Cripples considers rehabilitation. Am. J. Physical Medicine. Apr., 1952. 31:2:74-81.

A synopsis of the meetings of the Fifth World Congress of the International Society for the Welfare of Cripples, held in Stockholm from September 9-14, 1951. Newly elected officers of the International Society are listed, as are international organizations represented at the Congress and action taken on resolutions presented.

LEG

483. Badgley, Carl E.

Congenital kyphoscoliotic tibia, by Carl E. Badgley, Sylvester J. O'Connor and Donald F. Kudner. J. Bone and Joint Surgery. Apr., 1952. 34-A:2:349-371, 494.

"The term kyphoscoliotic tibia is suggested as a descriptive title for the deformity called by various authors 'congenital bent tibia,' 'congenital kyphotic tibia,' 'intrauterine fracture of the tibia,' and 'congenital bowing of the tibia.' There is need for a precise title properly to differentiate this clinical entityA careful review of the cases reported in the literature shows complete accord with the clinical features noted in the twenty new cases recorded in this study...." Ten are presented in detail to illustrate various features characteristic of congenital kyphoscoliotic tibia. A review is given of embryological, histological, and clinical studies of normal and abnormal bone growth, with a short description of treatment recommended in these cases.

LIBRARY SERVICE

484. American Foundation for the Blind

Library service for the blind. New York, The Foundation, 1952. 16 p.

Describes briefly the Federal plan for making available to the blind books in braille, Talking Books, and Talking Book Machines. States rules for eligibility and lists distributing libraries and agencies lending Talking Book machines.

Available from the American Foundation for the Blind, 15 West 16th St., New York 11, New York, at 10¢ a copy.

MEDICINE--BIOGRAPHY

See 532.

MENTAL DEFECTIVES

485. Michigan. Wayne County Training School

Children with mental and emotional disabilities, a symposium...held in celebration of the twenty-fifth anniversary of the ...School. Am. J. Mental Deficiency. Apr., 1952. 56:4:665-726.

Contents: Environment and intelligence, Boyd McCandless.-Experiments in the early training of the mentally retarded, Samuel A. Kirk.-Emotional interference with intellectual functioning, Leo Kanner.-Deprivations during infancy and their effects upon personality development, Leo H. Bartemeier.-The education of the brain-injured child, Alfred A. Strauss.-A community program for the mentally retarded, George S. Stevenson.

MENTAL DEFECTIVES (continued)

486. Whitney, E. Arthur

Mental deficiency--1951. Am. J. Mental Deficiency. Apr., 1952. 56:4:737-746.

The author reviews the literature on mental deficiency which appeared during 1951.

MENTAL DEFECTIVES--INSTITUTIONS

487. White, Wesley D.

The educational and training program for institutional care of the mentally handicapped. Am. J. Mental Deficiency. Apr., 1952. 65:4:765-770.

To review critically the program of the Southbury Training School, Southbury, Conn., since its beginning ten years ago, to further clarify its philosophy, and to aim at the development of a more effective program, the author developed a questionnaire based on a review of the literature on psychology, care, education and training of the mentally handicapped. This questionnaire was sent to 140 experts in colleges and institutions, in city and state departments of education; also receiving it were 91 parents of mentally retarded children. Statements included on the questionnaire are given, and where there was more than 10% disagreement, explanatory comments are given. Finally, implications of the study that can be carried out in the future at Southbury are outlined.

"This article is part of a chapter from a doctoral project, Teachers College, Columbia, University."

MENTAL DEFECTIVES--MENTAL HYGIENE

488. Sarason, Seymour B.

Individual psychotherapy with mentally defective individuals. Am. J. Mental Deficiency. Apr., 1952. 56:4:803-805.

The author lists and briefly discusses some of the problems of individual psychotherapy with mentally defective persons, in terms of the institutional setting--the relation between therapeutic results and etiological groupings, the best time for administering psychotherapy in an institution, what the goals of psychotherapy with institutionalized defectives should be, preparing the child for therapy, how the usual techniques employed according to chronological age must be altered in the case of the mentally defective, and what place the parent should have in the program.

MENTAL DEFECTIVES--OCCUPATIONAL THERAPY

489. Menzel, Mariella Z.

Psychotherapeutic techniques among the mentally deficient: occupational therapy. Am. J. Mental Deficiency. Apr., 1952. 56:4:796-802.

The role of occupational therapy in a state school for mentally defectives is to provide a stimulating environment in which normal activity patterns can be maintained or restored. It furnishes an incentive, an outlet, a social setting, and a means of satisfaction in achievement for the patient. The writer gives a case history which is illustrative of the value of occupational therapy in the rehabilitation of an aggressive, unstable personality.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

490. Riggs, Margaret M.

Intra-scale scatter for two kinds of mentally defective children, by Margaret M. Riggs and Kathryn A. Burchard. Training School Bul. Apr., 1952. 49:2:36-44.

"...This study tested the hypothesis that intra-scale scatter would be higher among cases of mental deficit with organic etiology than among cases with familial etiology. The items of the 1916 Binet were grouped in several sub-scales and instances of intra-scatter scale in successive tests for groups

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS (continued)

of familial vs. organic mental defectives were tabulated. The frequencies were compared by means of chi-square, and were found to be significant in the direction predicted. This suggests: a) this new method for investigating scatter is worth trial as a research tool; b) in this respect cases of organic brain damage with mental deficit are similar to non-defective brain-injured patients, and can be differentiated as a group from mental defectives of familial etiology." --Summary and Conclusions.

MENTAL DEFECTIVES--RECREATION

See 533.

MENTAL DEFECTIVES--SOCIAL SERVICE

491. Smith, Elizabeth M.

Emotional factors as revealed in the intake process with parents of defective children. Am. J. Mental Deficiency. Apr., 1952. 56:4:806-812.

Counseling of parents in the intake process at Willowbrook State School, Staten Island, New York, reveals emotional factors involved in the placement of a mentally retarded child in an institution. The writer of this article was assigned as senior social worker at the school in 1949 and from her experiences describes parents' and families' reactions to the mentally defective child, to the idea of placement, to financial anxiety over caring for the child at home, and the many disturbing factors which disrupt family relationships. The social worker's responsibility is to help parents accept the child's limitations and the fact that medical science has no known cure for the condition.

MENTAL DEFECTIVES--SPECIAL EDUCATION

492. Kelly, Elizabeth M.

Administering and supervising a program for the mentally handicapped in the high school. Am. J. Mental Deficiency. Apr., 1952. 65:4:747-754.

The successful functioning of three special high school classes in the Newark, N.J., school system is described and the elements necessary for the administration and supervision of a special class program are outlined. Adaptations of curricula call for careful selection and development, geared to experiences which involve life adjustment for the present and future.

MENTAL DEFECTIVES--STATISTICS

493. Mullen, Frances A.

Distribution of mental retardation in an urban school population, by Frances A. Mullen and Mary M. Nee. Am. J. Mental Deficiency. Apr., 1952. 56:4:777-790.

"...The present study of the incidence of mental defectives in the various communities that make up the city of Chicago was therefore begun as an administrative survey with the dual purposes 1) of seeing to what extent our present distribution of ungraded classes met the needs of the educable mentally handicapped pupils over the city as a whole, and 2) of assessing the implications of the demand of the rapidly growing groups of parents who desire the school system to provide for children now classed as 'uneducable'...." Results of a study of the scatter of the two types of children--the educable mentally handicapped and the uneducable are tabulated; the present program of providing schooling for these children is briefly sketched; the sources of the data, and the community make-up of Chicago, are explained.

MENTAL DISEASE

494. Psychiatric disorders in general practice. Med. Times. Apr., 1952. 80:4:200-215.

Written as a refresher for the general practitioner, this article summarizes the essential diagnostic information on psychiatric disorders, points out the functions of the practitioner when confronted with such cases, gives procedures for examination, and concludes with a brief description of childhood psychiatric problems.

MENTAL HYGIENE

See 502.

MULTIPLE SCLEROSIS

495. Alexander, George L.

Multiple sclerosis. McGill Med. J. Oct. & Dec., 1951. 20:3 & 4: 145-160, 212-232. 2 pts. Reprint.

"...This paper is not derived from either clinical or other direct acquaintance with the disease but is a review based on a relatively small selection of papers which it is believed is representative of the more important current opinions and directions of research on multiple sclerosis...." It covers the prevalence and economic importance of the disease, descriptive and comparative pathology, theories of etiology, clinical course and laboratory findings, diagnosis, prognosis, and treatment.

MULTIPLE SCLEROSIS--DIAGNOSIS

496. Lowenstein, Otto

Methods for the early diagnosis of multiple sclerosis, observations with special reference to the so-called ocular type. Archives Ophthalmology. Nov., 1951. 46:5:513-526. Reprint.

"Methods are described by which clinically latent neurological symptoms may be revealed in cases in which ocular symptoms, such as retrobulbar neuritis and diplopia, raise the suspicion of multiple sclerosis and the usual neurological examination does not reveal corroborating signs. These methods are concerned with the detection of low-degree paresis, latent tremor of the head or extremities, differences of muscle tonus between the right and left extremities, and nystagmus. In cases in which symptoms outside the visual apparatus alone are insufficient to establish a diagnosis of multiple lesions, and ophthalmological examination shows a clinically normal condition, pupillography may reveal hidden symptoms which point to the presence of lesions in additional neurons, thereby making the diagnosis possible at an early date. The development of general or ocular types of multiple sclerosis depends on the chance localization of the demyelination processes. Patients with two or more attacks of the disease usually show both ocular (including pupillary) and general symptoms."--Conclusions.

MUSCLES

497. Hoefer, Paul Frederick Adam

Physiological mechanisms in spasticity. Brit. J. Physical Medicine. Apr., 1952. 15:4:88-90.

"...In the following report an attempt is made to elucidate some of the deviations in motor function seen in spasticity by comparison with the normal control of muscles. For this purpose muscle action potentials were recorded from single muscles and from groups of muscles acting together. In order to understand more clearly how motor units are activated, local leads from several areas of a single muscle were obtained simultaneously by the use of coaxial needle electrodes...."

498. Sandow, Alexander

Fundamental mechanics of skeletal muscle contraction. Am. J. Physical Medicine. Apr., 1952. 31:2:103-125.

"This review has dealt with certain fundamental mechanical features of muscular contraction, which...require an analysis of corresponding heat changes for their full comprehension. Practically all the results presented derive, furthermore, from experiments on muscles of convenient laboratory animals, such as the frog and the tortoise. Although thus limited, the findings are rich in other possibilities. On the one hand, they indicate many lines of thought concerning the basic energetics, the molecular patterns, and the chemical reactions underlying muscular response. Some indications of this sort have been merely mentioned in the foregoing; but these and many others will be found more fully discussed in many of the listed references.

MUSCLES (continued)

On the other hand, the subject of our review is by no means restricted to the isolated muscles of frogs and tortoises...."--Conclusions. Bibliography.

MUSIC THERAPY

499. Roan, Margaret Z.

Music can help the crippled child. Crippled Child. Apr., 1952. 29:6:10-11, 28-29.

Research carried on over a period of years at Aidmore Children's Hospital in Atlanta, Ga., to determine the value of music in a total rehabilitation program for the handicapped child and the results and conclusions reached from use of the program are the basis of this article. This is a challenging field of endeavor to personnel trained in music; with each new patient there is much to be learned. Not only are there individual differences as with normal children, but the varying amounts of brain damage in cerebral palsied children produce different physical reactions and responses.

NEUROLOGY

500. Von Hagen, Karl O.

Common neurological diseases seen in general practice. J. Am. Med. Assn. Apr. 12, 1952. 148:15:1269-1273.

Descriptions and methods of treatment of some of the common neurological diseases seen by the clinician in general practice. Included in this paper are discussions of cerebrovascular accidents (intracranial but extracerebral hemorrhages, cerebral thrombosis), multiple sclerosis, progressive spinal muscular atrophy, and polyneuritis.

NUTRITION

501. Phelps, Winthrop M.

Dietary requirements in cerebral palsy. J. Am. Dietetic Assn. Oct., 1951. 27:10:869-870. Reprint.

"...In the consideration of individual dietary problems, the victims of cerebral palsy are divided into five general types...in which there are very widely varying dietary and nutritional requirements.... There must be at least two separate diets, one a low caloric diet and the other a high one...In a school for these children it is impossible to set up a single diet for the whole group...." In the spastic group, due to lack of motion, caloric requirements are below those for a normal child; the athetoid who is constantly in motion burns up energy faster than a normal diet can provide it. One 17 year old athetoid boy required a 6000 caloric diet, and a spastic of the same age required only 1500 calories to maintain ideal weight. Obesity in the spastic contrasts with the below-normal weight of the athetoid.

OCCUPATIONAL THERAPY

502. Lyons, Anita Frances

Personality adjustment study; a summary of the evaluation of a group of physically handicapped children who received occupational therapy. Am. J. Occupational Therapy. March-April, 1952. 6:2:53-55, 88-89.

In collecting data for this thesis, the first doctoral research in occupational therapy, the writer selected thirty physically handicapped children attending the Branch Brook school, a special school for handicapped children in Newark, N.J., of which twenty completed the year's test. Handicaps included cerebral palsy, tuberculosis, poliomyelitis, arthritis, brain tumor, congenital club foot, malformed hands, encephalitis, and spinal bifida. Personality adjustment was evaluated before and after these children received occupational therapy. Contents of the psychological battery, administration of the occupational therapy program, treatment and interpretation of the data are discussed; thirty case histories, five tables of original data, and samples of psychological tests were included in the appendices of the thesis of which this is an abstract.

OCCUPATIONAL THERAPY (continued)

A doctoral dissertation in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the School of Education of New York University.

PARALYSIS AGITANS

503. Farquhar, James W.

Treatment of Parkinsonism in a child. Lancet. Mar. 29, 1952. 262:6709:638-640.

Report of a case of Parkinsonism in an 11 year old boy, following a vague illness, presumed to be encephalitis lethargica, and the definite value of treatment with artane. Amphetamine and benadryl were also administered but while benadryl may have improved his condition, the addition of amphetamine to artane seemed to be of little value.

PARALYSIS AGITANS--MEDICAL TREATMENT

504. Edwards, Joseph C.

Combined drug therapy for Parkinson's disease, by Joseph C. Edwards (and others). Southern Med. J. Oct., 1951. 44:10:886-894. Reprint.

"Twenty-two patients with Parkinsonism were studied while they were under treatment with various medications....Evaluation of the effectiveness of the weekly medications was made on the basis of electromyograms, a ward-nurse's observations, the attending physician's evaluations, another physician's independent evaluation obtained by interview, and the patient's impressions, obtained through the same interview...." Of the patients 77% benefited from medication; results with various drugs are given. Nine patients showed marked improvement. Includes a brief description of four cases where marked improvement was evident.

PARAPIEGIA

505. Bors, Ernest

Phantom limbs of patients with spinal cord injury. Archives Neurology and Psychiatry. Nov., 1951. 66:5:610-631. Reprint.

"The phantom sensations of 50 patients with spinal cord injuries at various levels were studied in detail, as well as those of 7 patients with a combination of damage to the spinal cord and various amputations, and eventually the phantom changes of 12 patients following chordotomy....The findings are discussed and compared with pertinent data from literature referring to the amputation phantom. A working hypothesis is proposed based upon the theory of cross stimulation at the 'artificial synapse,' in analogy to experience with causalgia. This working hypothesis is applied to the respective phantoms, and data are discussed which suggest that some phenomena were possibly of a more centripetal origin (surface, dissociation, rectum, bladder), some of seemingly more centrifugal origin (willed movement), and some of dual origin (erection). The psychological significance of phantoms for the adjustment and behavior pattern of the patient is discussed."--Summary.

PARENT EDUCATION

See 534.

PARENTS AND TEACHERS

506. Laycock, S. R.

Miss Smith meets the parents. Exceptional Children. Apr., 1952. 18:7:196-199.

An imaginary teacher of a special class for the mentally retarded plans for closer cooperation with the parents of her pupils. An outline of various ways in which the teacher of exceptional children may promote and secure the confidence of parents.

POLIOMYELITIS--MEDICAL TREATMENT

507. Huddleston, O. Leonard

Anterior poliomyelitis, physical treatment in Southern California, by O. Leonard Huddleston (and others). Brit. J. Physical Medicine. Apr., 1952. 15:4:75-87.

A resume of the physical treatment of patients with anterior poliomyelitis, which has evolved in Southern California, at the Department of Physical Medicine established for the joint use of the University of Southern California School of Medicine and the Los Angeles County General Hospital, during the past 6 years. With the physical treatment of anterior poliomyelitis delegated to this Department, significant changes in the methods of treating these patients took place. The existing program of immobilization and rest by splints and casts was supplanted by a program of intensive hot-pack therapy, early activity and motion. Therapeutic principles in rehabilitation are discussed and a therapeutic plan of physical rehabilitation outlined. Additional procedures for treatment of the later stages of the disease and for out-patient and home treatment programs conclude the article.

508. Schenker, A. W.

A method of rapid restoration of neuromuscular function in poliomyelitis. New York State J. Medicine. Oct. 15, 1951. 51:20:2383-2387. Reprint.

"A technic in the management of poliomyelitis has been described which enables the patient to exercise the involved muscles intensively under precisely controlled conditions, thus producing maximum hypertrophy of the remaining intact muscle fibers in a matter of weeks to months, instead of years. This intensive exercise may be carried out at home with only occasional medical supervision. It provides an accurate method of muscle power evaluation during any phase of the treatment."--Summary.

509. Schlesinger, Edward B.

Neurological changes in anterior poliomyelitis and their implications in treatment. Archives Neurology and Psychiatry. Nov., 1951. 66:5:600-605.

"The Kenny treatment of acute and subacute anterior poliomyelitis rests in part on unsound physiological concepts. This state is in part due to the neglect of the disease by the neurologists and the misinterpretation of clinical signs by less adroit students of the nervous system. The concept of treatment as being largely a problem in combating muscle spasm is erroneous. The term 'muscle spasm' as used in describing clinical patterns in poliomyelitis bears no resemblance to the term as understood by the neurologist. The clinical changes in poliomyelitis represent progressive manifestations of involvement of various parts of the central nervous system and vary strikingly from case to case, depending on the areas affected and the severity of the lesions. Three phases of neurological changes and their implication are described. The fallacy of attempting to treat all phases by a single therapeutic agent, thermal or pharmacological, is discussed. A clinical experiment designed to demonstrate the latter point is described."--Summary.

See also 521.

REHABILITATION--PROGRAMS

See 524.

RHEUMATIC FEVER--DIAGNOSIS

510. Hansen, Arild E.

Importance of early diagnosis in acute rheumatic fever. J. Am. Med. Assn. Apr. 26, 1952. 148:17:1481-1485.

"...The significant observation that active rheumatic involvement may be 'nipped in the bud' by the early administration of corticotropin (ACTH) or cortisone places even greater responsibility on the practicing physician..." Manifestations of rheumatic fever, differential diagnosis, the course of the disease and the proper prophylactic regime to be instituted as soon as evidence

RHEUMATIC FEVER--DIAGNOSIS (continued)

points to the subsidence of infection are discussed. Recurrences may be lessened, the incidence of bed-confining illness may be diminished, and the total number of "cardiac crippled" thus reduced.

RHEUMATIC FEVER--MEDICAL TREATMENT

511. Simon, Albert J.

Accelerated rehabilitation in rheumatic fever, by Albert J. Simon, Irving Mack, and Philip Rosenblum. Am. J. Diseases of Children. Apr., 1952. 83:4: 454-462.

A report of a follow-up study of the accelerated rehabilitation program for patients at Herrick House, Bartlett, Ill., a year-round convalescent institution for children recuperating from rheumatic fever. The program differs from that of other institutions in that mobilization is begun as soon as there is clinical and laboratory evidence that the rheumatic process is quiescent. "...This follow-up is in effect a 'spot check' four years after Herrick House initiated its year-round program. A continuing follow-up project, begun with the work here reported, is now under way to document more carefully the effects of accelerated rehabilitation. The data presented here will serve as a pilot study for further work....An analysis of the electrocardiogram in rheumatic heart disease will be presented in a subsequent paper."--Summary.

SCHOOL BUILDINGS--DESIGNS AND PLANS

512. Salmon, F. Cuthbert

Schools for the handicapped. School Executive. Feb., 1952. 71:6:46-53. Reprint.

"...The buildings illustrated attempt to solve problems of the orthopedically handicapped. They represent only a selection of possible types, for the types of buildings for the education of the handicapped are as varied as the types of programs for special education...." Plans for a residential school, day school, and the modification of an older building to meet the needs of the handicapped are given. The author serves as architectural consultant to the Easter Seal Society.

SHOES

See 530.

SOCIAL SECURITY--BIBLIOGRAPHY

513. U. S. Federal Security Agency. Library

Federal grants-in-aid in health, social security education, vocational rehabilitation; selected references, 1938-1951. Washington, D. C., The Agency, 1952. 37 p.

Covers the literature on federal assistance to health, social security, educational, and vocational rehabilitation programs.

Distributed by the Library, U. S. Federal Security Agency, Washington 25, D. C.

SOCIAL SERVICE

514. Coyle, Grace L.

Helping hospitalized children through social group work, by Grace L. Coyle and Raymond Fisher. Child. Apr., 1952. 16:8:114-117, 126.

"...This article is based by Miss Coyle and Mr. Fisher on a paper that they prepared for the Midcentury White House Conference on Children and Youth. The paper is one of a number that served as resource material for the Fact Finding Report of the ...Conference, to be published soon by Harper & Bros...." The function of the social group worker in a hospital is basically similar to his role in any other setting--helping children handle their feelings and learn to share experiences, encouraging initiative, bringing about harmony in the group. In addition, the worker must realize he is one of a team, working in cooperation with the physician who is the key person responsible for the patients.

SOCIAL WELFARE--PLANNING

See 535.

SPECIAL EDUCATION--BIBLIOGRAPHY

515. Ingram, Christine P.

Selected references from the literature on exceptional children, by Christine P. Ingram and William C. Kvaraceus. Elementary School J. Apr., 1952. 52:8:471-482.

References in this bibliography from literature on exceptional children in 1951 are classified according to general references, blind and partially seeing children, crippled, deaf and hard-of-hearing, special health problems, speech defectives, subnormal, backward and dull-normal children, behavior and problem cases and dependent children, juvenile delinquency, and superior and gifted children. Annotated.

SPECIAL EDUCATION--INSTITUTIONS--ILLINOIS

516. Special education building. Public Aid in Illinois. Feb., 1952. 19:2:6-8.

A brief history of the special education program as developed at Illinois State Normal University and a description of the facilities provided in the new Special Education building on the University campus.

SPECIAL EDUCATION--INSTITUTIONS--KENTUCKY

See 480.

SPECIAL EDUCATION--PROGRAMS

517. Hill, Arthur S.

Special education comes of age. Crippled Child. Apr., 1952. 29:6:4-5.

School provisions for handicapped youth have grown both in respect to the number of children benefitted and the types of handicapping conditions for which services are provided. The writer reviews some of the developments in programs for special education of the handicapped and then considers the problems currently besetting special education--the need for informational and consultative services to new programs and those covering newly recognized types of disabilities, and the necessity for making available to children in rural areas and small school systems the type of special education which they need and are entitled to receive.

SPECIAL EDUCATION--SURVEYS

518. American Public Health Association

Committee on the Study of Education of Hospitalized and Crippled Children in Rural Areas; preliminary report. New York, The Assn. (1951). 4 p. Mimeo. Digested in J. School Health, Mar., 1952. 22:3:87-88.

Report of a study on the education of orthopedically handicapped children in rural areas (having a population of 2,500 or less). Method of study, extent of the problem and findings are given; while the report shows negative results, the following conclusions were drawn: 1) lack of facilities for the education of orthopedically handicapped children in rural areas, and 2) lack of trained personnel to carry on such a program. The Committee feels there is need for a review of the entire educational program so that individual states and local communities can meet the needs of these children more satisfactorily.

519. American School Health Association

Study of education of hospitalized children and of orthopedically crippled children (in urban areas). Buffalo, The Assn. (1950). 10 p. Mimeo.

A special committee report on the results of its study of the education of orthopedically handicapped children in urban areas, including a copy of the questionnaire sent to 19 large cities to determine the extent of services for these children. Answers are tabulated to include information on number of teachers assigned to special education, ratio to pupils, special training, hospital space provided for group instruction, hospital teaching equipment,

SPECIAL EDUCATION--SURVEYS (continued)

hours of teaching daily, special facilities for the orthopedically handicapped (ramps in a regular building), professional personnel employed, number of students receiving instruction and the cost per pupil.

SPEECH CORRECTION

520. Wohlman, Regine F.

The integrated treatment of a young child with a speech disorder. J. Pediatrics. Apr., 1952. 40:4:525-529.

"This report is designed to illustrate integrated therapy for a young child with a speech disorder. The steps in this treatment consist of: 1) establishing friendly relations with the child, 2) specific procedures to correct the defective speech, 3) combating undesirable parental attitudes and 4) treatment of the child's own disturbed state....In the case presented here the important factor is the permissive and consistent attitude of the therapist, which enables the child to accept corrective speech suggestions...." Adapted from a speech given at the New York Society for Voice and Speech Disorders in March, 1950.

SPLINTS

521. Worden, Ralph E.

Weak thumb opposition due to poliomyelitis, by Ralph E. Worden and Miland E. Knapp. Archives Physical Medicine. Apr., 1952. 33:4:230-234.

"The functional anatomy of the muscles involved in the act of thumb opposition is described. The disability resulting when these muscle groups are weak is pointed out. A new device is described that has two purposes: One, to maintain the thumb in the functional grasp position if hand weakness indicates the need. Two, if tightness is present in the web of the thumb, the device effectively stretches the area thus assuring a maximum grasp position of the hand. A new, simple, inexpensive, light opponens splint is reported that allows maximum thumb motion while being worn. A follow-up study of twenty-five patients who were fitted with the opponens splint helps substantiate its effectiveness." --Summary.

See also 530.

STATE SERVICES

See 479.

TUBERCULOSIS--MEDICAL TREATMENT

522. American Orthopaedic Association

Symposium: Streptomycin in the treatment of bone and joint tuberculosis. J. Bone and Joint Surgery. Apr., 1952. 34-A:2:254-298, 329-330.

Contents: Chemotherapy in bone and joint tuberculosis, by Ralph K. Ghormley. -Streptomycin in bone and joint tuberculosis, by David M. Bosworth and Howard A. Wright. -Tuberculosis of the bones and joints, with special reference to the influence of streptomycin and the application of radical surgical techniques to certain effects and complications of the tuberculous lesion, by Edward T. Evans. -Streptomycin in the treatment of bone and joint tuberculosis, by R. I. Harris, H. S. Coulthard, F. P. Dewar. -Evaluation of streptomycin therapy in a controlled series of ninety cases of skeletal tuberculosis. A Public Health Service cooperative investigation.

"...In this issue of the Journal are published four papers which summarize the experiences of four groups in treating bone and joint tuberculosis with streptomycin, or streptomycin and para-aminosalicylic acid. Although none of these reports cover observations for more than five years, they do present a fairly accurate summary of the knowledge of this treatment to this time....The results of the Veterans Administration survey are compiled from several hospitals; the program was fairly well supervised in all the hospitals and was carried out under as nearly uniform standards as are usually available...."

TUBERCULOSIS--PSYCHOLOGICAL TESTS

523. Hand, Thomas J.

Personality characteristics of a tuberculosis group. Am. J. Physical Medicine. Apr., 1952. 31:2:95-101.

"A group of veterans hospitalized for tuberculosis treatment (at Veterans Administration Hospital, Sunnyside, N.Y.) were studied for characteristic Minnesota Multiphasic Personality Inventory signs for tuberculosis. They were compared with other disability groups reported in another article (Hathaway, Starke R., and Meehl, Paul E.: An atlas for the clinical use of the MMPI. Minneapolis, Univ. of Minn. Pr., 1951.) and also among themselves. The tuberculosis group showed personality characteristics, based on MMPI scores, different from those of other groups....A good summary of the literature on the psychology of tuberculosis presents material somewhat substantiated by the findings of the study...."

VETERANS (DISABLED)--PROGRAMS

524. Illinois, Veterans Administration Hospital, Hines, Illinois

Conference on cooperative relationships in hospital and post-hospital rehabilitation of disabled veterans, November 2, 1951. Hines, Ill., The Hospital, 1951. 55 p. Mimeo.

Subjects of speeches given at the Conference were: Organization and operation of physical medicine and rehabilitation service, Louis B. Newman.-Integration of hospital and community rehabilitation programs, Frank R. Stillwell.-Vocational advisement and training in the Veterans Administration, Kenneth W. Calloway and Leo M. Walsh.-Activities of Illinois Division of Vocational Rehabilitation as related to pre-discharge planning and post-hospital services for disabled veterans, E. C. Cline.-Panel discussion: Bridging the gap between the hospital program and the rehabilitation of the veteran in the community.-Overcoming problems in the employment of the handicapped, Myrl Homan.-Panel discussion: Next steps in effective day-by-day inter-relationships between the hospital staff and community rehabilitation agencies.

Distributed by Physical Medicine and Rehabilitation Service, Veterans Administration Hospital, Hines, Ill.

VETERANS (DISABLED)--RECREATION

525. Phillips, B. E.

Hospital recreation is unique. J. Am. Assn. Health, Physical Education, Recreation. May, 1952. 23:5:29-30, 35.

Due to increasing interest in the specialized field of hospital recreation, the primary characteristics of recreation as seen in Veterans Administration hospitals are discussed. Recreation is planned with the fact in mind that all participants are in impaired health; the physician gives medical approval of programs which must be dovetailed into existing hospital routines. Some of the duties which devolve upon the recreation leader are mentioned briefly.

VOCATIONAL GUIDANCE

526. Garrett, James F.

Counsel the man--not the disability. Crippled Child. Apr., 1952. 29:6:14-15.

Total evaluation of the individual and his handicap and an exchange of information between specialists in all areas concerned with the disabled person are the essence of good counseling in vocational guidance of the handicapped. If properly done, counseling will increase the disabled person's knowledge of himself, help him to see his anxieties in the proper light, and help him to help himself rather than depend upon the counselor.

WALKING

527. Hirschberg, Gerald G.

Electromyographic recording of muscular activity in normal and spastic gaits, by Gerald G. Hirschberg and Morton Nathanson. Archives Physical Medicine. Apr. 1952. 33:4:217-225.

WALKING (continued)

"A method of recording muscular activity during the act of walking is presented. The patterns of gait in the normal and in patients with spastic hemiparesis and paraparesis are described and illustrated. Repeated recordings at various intervals showed a consistent pattern in each individual. Uniform and characteristic patterns of muscular activity were found in the normal subjects and in patients with paraplegia (both in the paretic and non-paretic lower limbs). This method permits objective evaluation of the effectiveness of therapy aimed at alleviating spasticity. Preliminary observations of the effects of exercise, braces, and drugs are reported."--Summary.

528. Hoberman, Morton

Rehabilitation techniques with braces and crutches; V. Travel techniques, by Morton Hoberman and Erbert F. Cicenja. Am. J. Physical Medicine. Apr., 1952. 31:2:82-94.

"...This installment will present the methods of performing travel activities used by many individuals with complete or partial paralysis of the lower trunk and both lower extremities. We shall analyze the techniques of opening and closing a wheelchair, getting in and out of an automobile, ascending and descending bus steps, and ascending and descending train steps. These techniques should be considered as basic methods which can be modified for persons with more involved residual physical disabilities...."

New Books Noted Briefly

BLIND

529. Bindt, Juliet

A handbook for the blind. New York, Macmillan Co., 1952. 244 p. \$3.50.

Contains: "Helpful chapters on learning how to dress oneself, to eat in a restaurant without embarrassment, to go out alone, to shop, to write letters, play games, garden, travel on buses and trains....the advantages and disadvantages of guide dogs, the use of Braille and the Moon alphabet and other sight substitutes. This useful book also explains how the blind woman may have a complete family life--learning to care for babies, to do housework, cook, sew, serve, and entertain...." A special section instructs sighted persons how to treat the blind without making them feel inferior or overcoddling them. Another chapter deals with problems of the deaf-blind. It is intended primarily for the newly blinded and for their families and friends, also for teachers of the blind and for those blinded for some time who have not developed to the full extent their potentialities.

BRACES

530. American Academy of Orthopaedic Surgeons

Orthopaedic appliance atlas. Vol. I: Braces, splints, shoe alterations; a consideration of aids employed in the practice of orthopaedic surgery. Ann Arbor, J. W. Edwards, 1952. 588 p. illus. \$10.00.

"The purpose of the 'Orthopaedic Appliance Atlas' is to familiarize orthotists, brace makers, residents and orthopaedic surgeons with the developments of standards and technical production of orthopaedic appliances....(it) encompasses the record of the development of braces, splints, and orthopaedic shoes....The making of the molds and measurements and the fitting of the brace is described in language which will become common descriptive terms to both doctor and brace-maker....Considerable effort was directed to the securing of photographic illustrations that would measure up to the highest standards of excellence and yet retain a practical value in delineating the use and function of the appliances pictured....the many line drawings...have the special advantage of being simple and readily understood even when separated from the text."

BRACES (continued)

The individual chapters, many of them contributed by well-recognized orthotists, bracedmakers, and orthopedic surgeons, are organized under the following parts: Pt. I, Historical review; braces and splints.-Pt. II, Materials and their use.-Pt. III, Appliances for the spine and trunk.-Pt. IV, Upper extremity appliances.-Pt. V, Lower extremity appliances.-Pt. VI, Paralytic braces.-Pt. VII, Measurements.

The collection of material, and illustrations, and its editorial review, reflects the cooperative efforts of the American Academy of Surgeons, the Office of the Surgeon General, and the Veterans Administration. The resulting publication is an important, as well as impressive, basic text on orthopaedic appliances.

DEAF--LIP READING

531. Walker, Jane

Jane Walker's book of art lectures for lip reading practice. Washington, D. C., The Volta Bureau, 1951. 61 p. Mimeo. Paperbound. \$3.12.

These lessons from the manuscripts of Jane B. Walker are published by the Sanzoray Club, New York, as a tribute to the memory of this noted teacher of the deaf. With the failure of her hearing, Jane Walker, who had majored in art at the University of Chicago and earned her Master's Degree at Columbia University, studied lipreading and then taught regular art classes at the Metropolitan Museum of Art for speech reading classes. She was allied with the Volta Bureau and the American Hearing Society. The book is divided into three parts dealing with storytelling pictures, animals in art, and stories of great artists, their subjects and their work. Reproductions of pictures discussed in the lectures are included.

MEDICINE--BIOGRAPHY

532. Pinner, Max, ed.

When doctors are patients, edited by Max Pinner and Benjamin F. Miller. New York, W. W. Norton & Co., c1952. 364 p. \$3.95.

First-hand accounts, written by 33 eminent physicians, of serious illness they suffered. How they adjusted and their reactions to disease make interesting reading not only for professional personnel but the lay reader seeking enlightenment on both the physical aspects of disease and the impact of disease on personality. Covering a wide range of disease and disability, these personal accounts describe heart disease, tuberculosis, cancer, deafness, blindness, polio, multiple sclerosis, epilepsy, arthritis, neurosis, drug addiction, and alcoholism.

MENTAL DEFECTIVES--RECREATION

533. Illinois. Department of Public Welfare

An experiment in recreation with the mentally retarded...by Bertha E. Schlotter and Margaret Svendsen. Revised edition. National Mental Health Funds, 1951. 142 p. illus.

This is a revised edition of a book by the same title, issued by the Illinois Department of Public Welfare in 1932. It is re-issued with the belief that its many suggestions for recreation for the mentally retarded will prove useful to recreation workers, superintendents of schools, and to directors of departments administering this type of service. The project carried on at the Lincoln State School and Colony is described, and organizational details of the program outlined. Games are classified as to suitability for mental age and chronological age. This book is concluded by a summary, covering observations and conclusions of play leaders.

PARENT EDUCATION

534. Kennedy, Millicent V.

Bringing up crippled children, suggestions for parents, teachers, and nurses, by Millicent V. Kennedy and H. C. D. Somerset. Wellington, New Zealand Council for Educational Research, 1951. 94 p. illus. Paperbound.

PARENT EDUCATION (continued)

In this booklet prepared for the use and guidance of parents, nurses, teachers, and social workers with handicapped children, emphasis is placed on their emotional, educational, recreational, and physical needs. It is also recommended to volunteer workers with handicapped children, to bring about greater understanding and knowledge of the special problems faced not only by the child who is crippled, but also by the adolescent and adult. The chapter of suggestions for helping parents face the many problems of caring for the crippled child at home, the section of useful hints for homemade equipment of benefit to the handicapped child, and the bibliographies of pamphlets and books for further reading should be of value.

Available from Oxford University Press, 114 Fifth Ave., New York 11, N. Y., or from the International Society for the Welfare of Cripples, 129 E. 52nd St., New York 22, N. Y., at \$2.00 a copy.

SOCIAL WELFARE--PLANNING

535. Buell, Bradley

Community planning for human services, by Bradley Buell (and others). New York, Columbia University Press, 1952. 464 p. \$5.50.

Based upon new statistical data collected in a survey of St. Paul, Minnesota, this book analyzes the four fields of major human problems--dependency, ill-health, maladjustment, and recreational needs. From a consideration of the many organizations working in the health, welfare, and recreations fields, the author makes the point that services must be integrated if the problems are to be attacked, prevented or reduced. Why people have such problems, how the community meets the needs of people with problems, and how such agencies began are subjects discussed. Communities should recognize the causes and cures, integrate services and move in a more purposeful direction. The St. Paul survey was made possible through financial support from the Grant Foundation.

